Uncer the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a displays a read OMB control number. Approved for use through 7/31/2006 OMB 0651-0032 U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY MUMBER FILED BASIC FEE (37 CFR | 16(4) (b) or (c)) NUMBER EXTRA RATE (1) N/A FEE (1) RATE (\$ SEARCH FEE N/A FEE (1) **AUA** 150.00 (37 CFR 1 16(N. (1). or (m)) N/A -N/A 300.00 N/A EXAMINATION FEE NA \$250. (37 CFR 1 16(a). (b). or (q)) NA N/A \$500 N/A TOTAL CLAIMS NA \$100 (37. CFR 1 16(1)) NA \$200 minus 20 . INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(N)) X\$50 ÓΩ. C aunim X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 164) +180= \* If the difference in column 1 is less than zero, enter \*0\* in column 2. +360-TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): CLAIMS SMALL ENTITY OTHER THAN OR HIGHEST REMAINING SMALL ENTITY 106 NUMBER PRESENT ENDMENT AFTER PREVIOUSLY RATE (\$) AMENDMENT EXTRA ADDI-Total prein Linin RATE (\$) PAID FOR TIONAL ADOI: 15 Minus FEE (S) 20 TIONAL. independent ... D7 CFR 1.10(h)) FEE (1) X\$ 25 Minus 4 X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360= OR ÷ TOTAL TOTAL ADD'L FEE OR (Column 1) ADO'L FEE (Column 2) (Column 3) CLAIMS 00 HIGHEST REMAINING NUMBER PRESENT AFTER. ENDMENT RATE (\$) PREVIOUSLY ADDI-EXTRA RATE (\$) TIONAL FEE (5) Total (31CFR.1.10(II) PAID FOR ADDI-Minus TIONAL FEE (\$) independent . X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) +180= +360≈ OR TOTAL TOTAL ADD'L FEE

Aff the entry in column 1 is less than the entry in column 2, write "O' in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

The biformation is the individual to 27 CED 4.16. The biformation is sensitived to obtain or retain a benefit by the public which

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

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By collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. biding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of line you require to complete this form and/or suggestions for reducing this burden, should be cent to the Chief Information Officer, U.S. Patient Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.